



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

Wilson-Cook Medical
GI Endoscopy
Ms. Marge Walls-Walker
Regulatory Affairs Specialist
4900 Bethania Station Road
Winston-Salem, NC 27105

JUL 27 2015

Re: K040137

Trade/Device Name: Wilson-Cook USW Cap and Wire Lock

Regulation Number: 21 CFR 876.1500

Regulation Name: Endoscope and accessories

Regulatory Class: II

Product Code: OCY

Dated (Date on orig SE ltr): January 19, 2004

Received (Date on orig SE ltr): January 22, 2004

Dear Ms. Walls-Walker,

This letter corrects our substantially equivalent letter of February 20, 2004.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be

found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

Benjamin R. Fisher -S

Benjamin R. Fisher, Ph.D.
Director
Division of Reproductive, Gastro-Renal,
and Urological Devices
Office of Device Evaluation
Center for Devices and Radiological Health

Enclosure

510(k) Number (if known): K040137

Device Name: Wilson-Cook USW Cap and Wire Lock

Indications for Use:

The Wilson-Cook USW Cap and Wire Lock Device device is an accessory to be used with endoscopic biliary devices to lock the wire guide(s) in place during ERCP procedures.

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE-IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use Only ✓
(Per 21 CFR § 801.109)

OR

Over-the-Counter _____

Daniel B. Lyman
(Division Sign-Off)
Division of Reproductive, Abdominal,
and Radiological Devices
510(k) Number K040B7

Kay037

FEB 20 2004

ATTACHMENT D: 510(k) Summary of Safety and Effectiveness

SPONSOR: Wilson-Cook Medical
4900 Bethania Station Road
Winston-Salem, NC 27105

CONTACT/SUBMITTER: Marge Walls-Walker
Regulatory Affairs Specialist
[336] -744-0157 Ex.290

DATE OF SUBMISSION: January 15, 2004

DEVICE: USW Cap and Wire Lock

Trade Name: USW Cap and Wire Lock
Common Name: Endoscope Cap and Wire Lock
Classification: Endoscope and/or Accessories
21 CFR § 876.1500. 78 KOG

PREDICATE DEVICES: Microvasive RX Locking Device and Biopsy Cap System (k010610)

INTENDED USE: This device is an accessory to be used with endoscopic biliary devices to lock the wire guide(s) in place during ERCP procedures. The device is supplied sterile and is intended for single use only.

DEVICE DESCRIPTION: The proposed USW Cap and Wire Guide Locking Device is a one-piece integrated system that secures onto the accessory channel of an endoscope. The access port in the center of the cap allows access of wire guides and other biliary accessories. The wire guide lock allows the practitioner to lock the wire guide in place for continued ductal access while proceeding with other ERCP therapies.

COMPARISON OF CHARACTERISTICS: We believe the proposed device to be substantially equivalent to currently marketed Endoscope Locking and Biopsy Cap Systems.

PERFORMANCE DATA: We believe the proposed device to be substantially equivalent to the named predicates in terms of Intended Use and performance characteristics tested.